MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

CERTIFICATE OF DEATH

00287

Reg. Diat. No. 282

1. PLACE OF DEATH:

County Calvert, Solomons, Maryland.

City or town U. S. N. Mine Warfare Test Station
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Patuxent River

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Massachusetts County

City or town Fitchburg
(If outside city or town limits, write RURAL and give nearest town)

Street No. 38 Summer Street
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3.(a) FULL NAME

ALPERIN, Sumner Norman Ensign, E-V(S), USNR.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/24/22

8. AGE: Years	Months	Days	If less than one day
22	2	29	hrs. min.

9. Birthplace Worchester, Massachusetts
(Town, county, and state)

10. Usual occupation Ensign

11. Industry or business U. S. Navy

FATHER 12. Name Isadore Almer Alperin

13. Birthplace Unknown

MOTHER 14. Maiden name "

15. Birthplace "

16. Informant U. S. Navy

Address Patuxent River, Md.

17. Disposition Interment Date thereof 1-27-45
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fitchburg.

Location Massachusetts

18. Funeral director O. B. Robinson Robinson Funeral Co.

Address Leonardtown, Md.

19. 1/24 45 Carvalho
(Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 23 January 19 45, at 10:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not attended 19 , to 19 and that I last saw him dead on 23 January 19 45

Immediate cause of death	DURATION
drowning (Accidental)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 1-23-45

Where did injury occur? Patuxent River, Calvert Maryland
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) U.S. Naval Base

Means of injury boat sunk Injured at work? Yes.

23. SIGNATURE F. J. Lonergan
F. J. LONERGAN, Lt. (MC) USNR
M. D. or other

Address USNMWTS, Solomons, Md. Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160

CERTIFICATE OF DEATH

00288

Reg. Diat. No. 57

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME Thomas Walter Brady — Thomas Walter

3.(b) Social Security Number 214-05-2802

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Ethel Brady
6.(c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): Aug. 9, 1900

8. AGE: Years	Months	Days	If less than one day
44	5	4	hrs. min.

9. Birthplace: Calvert Co., Md. (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business

FATHER 12. Name	J. Frank Brady
FATHER 13. Birthplace	Calvert Co., Md
MOTHER 14. Maiden name	Edith R. Grimm
MOTHER 15. Birthplace	Calvert Co., Md

16. Informant: Mrs. Ethel Brady
Address: Huntingtown, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 16, 1945 (month) (day) (year)
Cemetery or ~~crematory~~: St. Paul's
Location: Prince Frederick, Md
18. Funeral director: A. A. Harkness & Son
Address: Mutual, Md.
19. 1-13 19 45 — L. N. King (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/13 1945, at 8 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Fracture of neck 5th CC	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of 1/12/45
Where did injury occur? Lusby, Calvert Co. Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?): Road
Means of injury: Auto accident Injured at work? No

23. SIGNATURE: H. Ward
Dept. Med Exam M. D. or other
Address: Owings Md Date signed 1/13/45

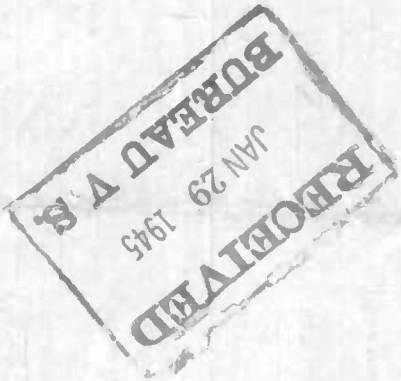
*From report from Com. of Motor Vehicles. as

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15


RECEIVED
JAN 29 1945
BUREAU V. S.

Evidence for change of age of deceased is shown on FILM No G 92 MAR 10 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83(a)

CERTIFICATE OF DEATH

00289

Reg. Dist. No. 50

1. PLACE OF DEATH:

County Calvert Co. md.

City or town Lusby Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Later

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Calvert

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME William Jefferson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	c	married

6.(b) Name of husband or wife Martha Jefferson

6.(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) July 17 1880

8. AGE: Years	Months	Days	If less than one day
65 64			hrs. min.

9. Birthplace Calvert Co. md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Willian Jefferson

13. Birthplace md

MOTHER 14. Maiden name Mary Janey

15. Birthplace md

16. Informant Martha Jefferson

Address Susby, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-7-45 (month) (day) (year)

Cemetery or crematory St Johns.

Location Calvert Co.

18. Funeral director P.L. Sewell

Address Prince Frederick Md

19. Jan. 6 1945 (Date rec'd by registrar) J.J. Hance Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2, 1945 at 7:57 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Cerebral Hemorrhage	12 hrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Roger A. Pyles M. D. or other

Address Prince Frederick Md Date signed 1-5-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Evidence for change of age of deceased is shown on FILM No. G 92 MAR 10 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

00290

Reg. Diat. No. 52

1. PLACE OF DEATH:
County Calvert
City or town
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Calvert
City or town Willows
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Annie Johnson.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	S

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25 1844

8. AGE: Years	Months	Days	If less than one day hrs.	min.
50				

9. Birthplace Calvert, md.
(Town, county, and state)
10. Usual occupation House wife.
11. Industry or business
FATHER 12. Name John Johnson
13. Birthplace md
MOTHER 14. Maiden name Sarah Gantt
15. Birthplace md.
16. Informant Helen Johnson
Address Willows, md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-4-45 (month) (day) (year)
Cemetery or crematory Edmonds
Location Calvert,
18. Funeral director J.E. Sewell
Address Prince Frederick, md
19. Jan. 3 1945 Virgil Carpenter
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1, 1945, at 2 P.M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Cerebral Hemorrhage	12 hrs.
Cardiac Failure	3 days
Due to Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Page Dr
M. D. or other
Address Prince Frederick Date signed 1/2/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 89-0

00291

CERTIFICATE OF DEATH

Reg. Dist. No. 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 days
Hospital, Institution, or street address where death occurred: Calvert Co. Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Owensville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mary Mundell

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	W

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 25 1862

8. AGE: Years	Months	Days	If less than one day
76 72			..... hrs. ..... min.

9. Birthplace: Chicago Ill.
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business:

FATHER
12. Name: Peter Moer
13. Birthplace: Germany

MOTHER
14. Maiden name: Veronna Moer
15. Birthplace: Germany

16. Informant: Mrs L.A. Donald
Address: Annapolis Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 3 1945 (month) (day) (year)
Cemetery or crematory: Mt. Harmony
Location: Owings Md.

18. Funeral director: Wm. H. Hutchins
Address: Owings, Md.

19. Jan. 3 1945 (Date rec'd by registrar) Wm. H. Hardesty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1/1 1945 at 9.00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/24 1944 to 1/1 1945 and that I last saw h[illegible] alive on Jan 1 1945

Immediate cause of death	DURATION
Cerebral Hemorrhage	10 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: H. M. Ward M. D. or other
Address: Owings Md Date signed 1/4/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (89-a)

00292

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
County Calvert
City or town Owings Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Calvert
City or town Owings
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mrs. Sarah Sallie Stallings

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	widowed

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years 82 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Md. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
12. FATHER Name Benj T. Hardesty
13. Birthplace Md.
14. MOTHER Maiden name Sallie Wood
15. Birthplace Md.
16. Informant Wm H. Hardesty
Address Owings Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/31/45 (month) (day) (year)
Cemetery or crematory Cemetery
Location Mt Harmony
18. Funeral director Wm H. Hutchins
Address Owings Md.
19. Jan 31 (Date rec'd by registrar) 1945 Wm H. Hardesty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1945 at 6.30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h ..... alive on ..... 19.....

Immediate cause of death	DURATION
Cerebral Arteriosclerosis	
+ Cerebral Hemorrhage	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE Ray C Dodd M. D., or other
Address Lusby Md Date signed 1/31/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94(a)

CERTIFICATE OF DEATH

00293

Reg. Diat. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Huntingtown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Huntingtown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: William Thomas Wells

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widowed

6.(b) Name of husband or wife: Margaret F. Wells
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): March 28, 1870

8. AGE:

Years	Months	Days	If less than one day
74	9	13	hrs. min.

9. Birthplace: Friendship, A.A.Co. Md.
(Town, county, and state)
10. Usual occupation: B. & O. Railroad (Retired)
11. Industry or business

FATHER
12. Name: McKee Wells
13. Birthplace: A.A. Co. Md.

MOTHER
14. Maiden name: Hutchins
15. Birthplace: A.A. Co. Md.

16. Informant: Mrs. Louis Wells
Address: Huntingtown

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-11-45 (month) (day) (year)
Cemetery or crematory: Friendship
Location: Friendship, Md.

18. Funeral director: Wm. Harry Hutchins
Address: Owings, Md.

19. 1-10 1945 (Date rec'd by registrar) L.N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 10 1945 at 9 05 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 10 1945 to 19..... and that I last saw h... alive on Jan 10 1945

	DURATION
Immediate cause of death: Coronary Occlusion	30 minutes
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Dunkirk Md. Date signed 1/11/45

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

00294

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Broomes Island, Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Calvert

City or town Broomes Island, Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Elizabeth Hance Williams

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife Willis Williams

6.(c) If alive, give age .... years

7. Birth date of deceased (mo., day, yr.) April 10, 1865

8. AGE: Years	Months	Days	If less than one day
79	9	17	.... hrs. .... min.

9. Birthplace Calvert Co, Md
(Town, county, and state)

10. Usual occupation Home

11. Industry or business

FATHER 12. Name Elisha Hance

13. Birthplace Md

MOTHER 14. Maiden name Louisa E. Hance

15. Birthplace Md.

16. Informant Lou Williams

Address Broomes Island, Md

17. Burial Date thereof Jan. 29 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or ~~crematory~~ Christ Church

Location Port Republic, Md

19. Funeral director A. A. Harkness & Son

Address Mutual, Md

19. 1-29 1945 L. N. King Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27, 1945, at 9 a. m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from .... 19...., to .... 19....

and that I last saw h.... alive on .... 19....

Immediate cause of death Cerebral Arteriosclerosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Prince Frederick Date signed